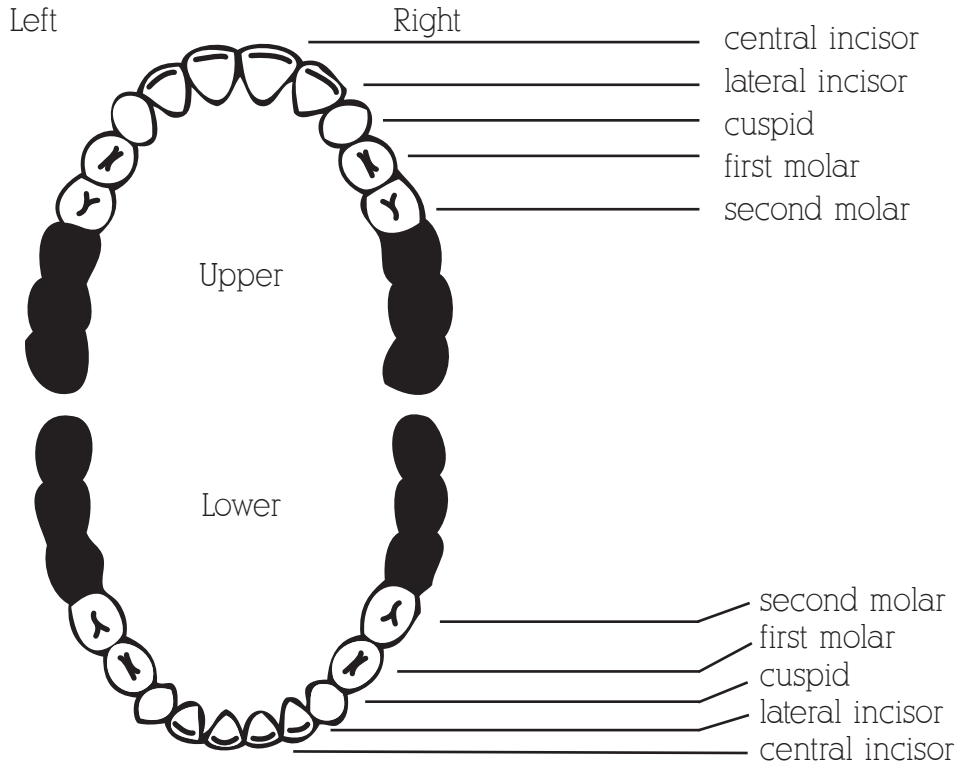


# Official Tooth Deposit Form

## Tooth Identification Chart:



## Tooth Envelope:

## Deposit Information:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

Tooth Lost: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_